



State of Connecticut
Department of Aging and Disability Services
Office of the Commissioner

Testimony before the Aging Committee

March 3, 2022

SB 174 - AN ACT CONCERNING A STUDY OF LONG-TERM CARE NEEDS

SB 175 - AN ACT EXPANDING ELIGIBILITY FOR THE ALZHEIMER'S DISEASE
RESPITE CARE PROGRAM AND SUPPORTING AGING IN PLACE

H.B. No. 5195 - AN ACT REQUIRING NURSING HOME FACILITIES TO
ELECTRONICALLY REPORT INVOLUNTARY TRANSFERS OR DISCHARGES TO THE
STATE OMBUDSMAN.

H.B. No. 5196 - AN ACT CONCERNING ELECTRONIC REPORTING OF INVOLUNTARY
TRANSFERS OR DISCHARGES BY RESIDENTIAL CARE HOMES

HB 5197 - AN ACT CONCERNING A STUDY OF THE NEEDS OF SENIOR CITIZENS

Senator Miller, Representative Garibay, Senator Fazio, Representative Wilson and distinguished members of the Aging Committee - my name is Amy Porter, Commissioner of the Department of Aging and Disability Services (ADS) and I thank you for the opportunity to offer testimony on the five bills listed above.

We agree with the underlying motivations behind all of these bills.

Senate Bill 174 asks the Department of Social Services (DSS) to perform a study of long-term care needs in Connecticut and then deliver a study and recommendations to the legislature on this topic by July 1, 2023. The bill also asks DSS to consult with the Department of Aging and Disability Services (ADS) on the study and report. This is certainly a very important matter; however, we respectfully oppose this bill since it is made unnecessary by similar work already being done by DSS on an ongoing basis. In fact, beginning in 2013 and every three years thereafter, DSS has compiled data on this subject for its Strategic Plan to Rebalance Long-Term Services and Supports. The Connecticut Long-Term Care Planning Committee also compiles data and provides planning input on this same subject. Given all of the research and work already being performed by the state on the question of long-term care needs, we believe that the passage of Senate Bill 174 would only duplicate these efforts.

The intent of Senate Bill 175 seems to be to allow more people to benefit from our Connecticut Statewide Respite Care Program which assists people with Alzheimer's and related dementias and their families. The bill proposes changes to the income and asset eligibility limits, presumably to increase these amounts. Our agency already adjusts these limits for inflation annually (using the Social Security COLA) in accordance with current statute and has been doing so since 2009. Given the current limits, the proposed changes have a mixed impact. They would

increase the income limit on July 1st of this year from the current inflation-adjusted amount of \$51,114 to \$55,000 and would decrease the current inflation-adjusted liquid asset limit from \$135,892 to \$135,000.

We would also point out that the bill requires an additional \$1 million in spending. As this is not in the Governor's proposed budget, we do not support the bill.

The passage of House Bill 5195 would require nursing homes to electronically notify the Office of the Long-Term Care Ombudsman of any involuntary transfers or discharges of their residents, which is often a very challenging event in the life of that person. Such electronic reporting would allow the Ombudsman to more efficiently collect and study information on discharges, an important area of study and policy making. This will modernize and streamline the notification system and was developed with input from the industry and other key stakeholders.

Like the previous bill, House Bill 5196 would call for electronic reporting of involuntary transfers and discharges but for residential care homes. This would be a new reporting requirement. The requirement is worthwhile because involuntary transfers and discharges from these homes can also be a very difficult event in the life of a resident. We want the Long-Term Care Ombudsman to be aware of the event as it happens and not later when it may be too late to act effectively in the interests of the resident. The sooner the Ombudsmen can know of these transfers and discharges, the sooner they can effectively fulfill the role of resident advocates that the law intends them to be.

We support passage of both House Bill 5195 and House Bill 5196.

Lastly, House Bill 5197 proposes a study of the needs of older adults by the Commission on Women, Children, Seniors, Equity and Opportunity. Our agency will be happy to consult with the Commission on the report, as proposed in this bill. We do want to point out, however, that our State Unit on Aging (SUA) creates an ongoing State Plan on Aging as required by the federal Older Americans Act. The Plan is written using research on the needs of older adults. In addition, the five Area Agencies on Aging (AAAs) each have an Area Plan for their regions informed by a local needs assessment. These plans guide the work we do with our community and non-profit partners to bring services and programs to older Connecticut residents, such as home-delivered and congregate meals, in-home services, employment, health promotion, respite for caregivers, and other supportive services and programs. We feel that the State Plan, combined with the five Area Plans, could serve as a solid foundation for the proposed study, lessening some of the work for the Commission.